PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
		÷	(Column 1)		(Column 2)		T	TYPE		OR	SMALL ENTITY	
TOTAL CLAIMS			4					RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			M mir	nus 20=	* 19			X\$ 9=	171	OR	X\$18=	
INE	EPENDENT CI	LAIMS	2 mi	nus 3 =	*0		Ī	X43=		OR	X86=	
ΜL	ILTIPLE DEPEN	NDENT CLAIM P	RESENT		-		Ī	+145=		OR	+290=	
* If the difference in column 1 is less than zer					"0" in c	column 2	L	TOTAL	556	OR	TOTAL	
CLAIMS AS AMENDED - PART II									,	•	OTHER	THAN
		(Column 1)	·	(Colun		(Column 3)	lumn 3) SMALL			OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA				CLAIM			+145=		OR	+290=	
								TOTAL			TOTAL	
		Α	DDIT. FEE		1011	ADDIT. FEE						
$\overline{}$	-	(Column 1) (Column 1) (Column 1) (Column 1)			(Column 3)	l r		ADDI-	1 1	1	ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIC PAID I	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\	+145=			+290=	
·								TOTAL		OR	TOTAL	
										OR	ADDIT. FEE	
		(Column 1)	<u> </u>	(Colun		(Column 3)	_					
AMENDMENT C	\	REMAINING AFTER AMENDMENT	-	NUME PREVIO	BER USLY	PRESENT EXTRA.		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=	,	OR	X\$18=	, , , , ,
	Independent	*	Minus	***		=	-	X43=			X86=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	IPLE DEPENDENT C				740=		OR	700=	
	+ Make anterior and resident the state of the South Control of the South									OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE												
		ber Previously Pai					r foun	d in the app	ropriate box	c in col	umn 1.	